Under the Processant Reduction Act of 1825, no persons are required to respond to a collection of information unless it displays a victional number

PAYENT APPLICATION FEE DEVERNINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004									Apphophian or Dentical Marmbar, 19161-7-5-40		
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NA.	MBER FLE	NUME	NUMBER EXTRA		RATE (8)	FEE (8)		RATE (8)	FEE (8)
BASIC FEE (37 CFR 1 16(a), (b), or (c))		(c))	'N/A		N/A		NA	150.00	Ĭ	. N/A	300.00
SEARCH FEE (3) CFR.1 18(1), (1), or (m))		(m)).	NA		, NIA		N/A ·	\$250) :	N/A	\$500
EXAMINATION FEE		·	N/A	1.	NA :		-N/A	\$100 .		N/A	8200
TOT	AL CLABAS FR I 16(1)		minus	m - 1 - 3			XS 25 .	· ·	OR	X850 .	; ()
INDE	PENDENT CL	UNIS	minus 3 * 1			-1 ,	X100 .		<u> </u>	Х200 "	400
D/C	FR 1 16(h))		fthe specification and drawings exceed 100			1		-			
FEE	LICATION SIZE	sheets is \$25	sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each			1.					
(37 C	FR 1 16(s))	addiffe	additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			.[
MULTIPLE DEPENDENT CLASM PRESENT (37 CFR 1.16(j))							+180=			+360=	
*If the difference in column 1 is less than zero, enter "O" in column 2.									٠	TOTAL	1850
APPLICATION AS AMENDED - PART II											
											THAN
9 2 105 (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY											
H.A	• . •	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL FEE (8)
MENT	Total OT CFR 1.10(1)	59	Minus	747	12		X\$ 25 .	300.00	OR ·	X\$50 _	
ENDM	Independent 407 CFR 1.18(kg).	6	Minus	- 5	. /		X100 _	100,00	OR	X200 · _	
AM.	Application Size Fee (37 CFR 1.16(s))										
~ *	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (57 CFR 1.16())						+180=		OR	+360=	
•			•		•		TOTAL : ADD'L FEE.	ful	OR	TOTAL ADO'L FEE	
•		(Column-1)		(Column 2)	(Column 3)	•			·.		
41.8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUAMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (5):	ADOI- TIONAL FEE (8)		RATE (\$)	ADDI- TIONAL FEE (S)
W.	Total profit Lieus;		Minus	••	3		X\$ 25 .		or.	X\$50 -	
AMENDMENT	independent (07 CFR 1,180.D)	•	Minus	***	•		X100 .		OR	X200 .	
¥.	Application Size Fee (37 CFR 1.16(s))									7	
	PIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (ST CFR 1.180)						+180=		OR	+360=	
:							TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	
o If the entry in column 1 is less than the entry in column 2; write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3":											

This collection of information is required by, 37 CFR 1.16. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application, confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 nitrutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any committee on the amount of line you require to complete this form entitor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tredemark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.